

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

7/9/

07-09-2003 90037 004 ***150.00

DOCUMENT # P94000065617



1. Entity Name
LABELLE LANDSCAPING & SOD, INC.

Principal Place of Business
**905 INDUSTRIAL BOULEVARD
LABELLE FL 33935**

Mailing Address
**905 INDUSTRIAL BOULEVARD
LABELLE FL 33935**

55052146

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0519440**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOPER, EVELYN
2585 HOWARD ROAD
LABELLE FL 33935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **COOPER, EVELYN**
STREET ADDRESS **2585 HOWARD ROAD**
CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.

SIGNATURE

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Evelyn Cooper

7-3-03

Date

863-625-2140

Daytime Phone #

CR2E034 (4/03)

Attachment #

55052146

P94000065617

LABELLE LANDSCAPING & SOD, INC
905 INDUSTRIAL BLVD
LABELLE, FL 33935

Phone: 863-675-2140 Fax: 863-675-4077

7-21-03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir:

Reference No. P94000065617

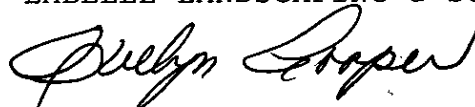
I am writing this letter to request that our late fee on our annual report/uniform business report be waived. We did not receive a previous form. The report we sent in was the only one we received and we sent it in immediately. If we are forced to pay an additional \$400.00, then we may have no other choice but to dissolve the corporation.

I called the number given to discuss this with someone but only received a long answering machine message.

If you will waive this fee for us, we will certainly appreciate it.

Sincerely,

LABELLE LANDSCAPING & SOD, INC



Evelyn Cooper, President

-Serving Southwest Florida for 26 years-